

Value congruence and commitment to change in healthcare organizations

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Abstract

Purpose – The purpose of this paper is to examine the relationship between value congruence and affective commitment to change as well as to test the moderating roles of psychological contract breach and workplace ostracism on that very relationship.

Design/methodology/approach – Data were collected from 13 university hospitals in Turkey. The sample included 1,113 randomly chosen certified nurses and head nurses of their units. The moderating roles of psychological contract breach and workplace ostracism on the value congruence and affective commitment to change relationship were tested using the moderated hierarchical regression analysis.

Findings – The moderated hierarchical regression analysis results revealed a significant positive relationship between value congruence and employees' commitment to change. In addition, this very relation was weaker when both psychological contract breach and workplace ostracism were higher than when they were lower.

Practical implications – This study showed that employee perception of value congruence increased employee's affective commitment to change. Organizations can enhance employees' affective commit by recruiting individuals who fit well within their organizations' characteristics and by encouraging supervisors to develop close, supportive relationships with subordinates. Moreover, recognizing that employees are likely to experience concern and discomfort about a change initiative along with the fact that such psychological states (psychological contract breach or workplace ostracism) can dramatically impact the effectiveness of change efforts can help organizations to better plan change-related strategies geared towards managing properly such potentially harmful reactions.

Originality/value – The study provides new insights into the influence that value congruence may have on affective commitment to change and the moderating roles of psychological contract breach and workplace ostracism in the link between value congruence and change commitment. The paper also offers a practical assistance to employees in healthcare management and their leaders interested in building trust, increasing person-organization fit and change commitment, and lowering workplace ostracism.

Keywords Psychological contract breach, Commitment to change, Value congruence, Workplace ostracism

Paper type Research paper



Organizational change processes are socially constructed, in that employees' perceptions of their work relationships with others influence the manner in which they respond to and exhibit commitment to change (Bouckenooghe *et al.*, 2014; Bouckenooghe, 2012; Oreg *et al.*, 2011). Understanding employees' commitment to change, thus, requires consideration of the relevant relational context (Bouckenooghe, 2012) or social unit (Blumer, 1969) that surrounds the change, such as the relationship between an employee and his or her supervisor (Basu and Green, 1997). The relational context may encompass both facilitating and inhibiting forces, in the forms of relational

resources and strain (Armenakis and Bedeian, 1998; Bouckenooghe, 2012). For example, high-quality relationships with a supervisor can provide resources that reduce employees' anxiety about organizational change, whereas the absence of such relationships may cause strain and, hence, generate negative change attitudes (Choi, 2011). In this regard, this study is based on the conservation of resources (COR) theory. COR theory posits that "people strive to retain, protect and build resources and that what is threatening to them is the potential or actual loss of these valued resources" (Hobfoll, 1989, p. 516). This implies that individuals, when confronted with resource-depleting circumstances, will tend to adopt behaviors that are primarily directed at protecting their residual resources and/or at preventing further resource loss. Moreover, COR theory, explaining the impact of employees' resources and strain on their work-related attitudes and behaviors during stressful situations (Hobfoll, 1989), may help clarify employees' attitudes in organizational conditions marked by high uncertainty (Ng and Feldman, 2012). However, COR application in investigations of attitudes toward change has been limited (Alvaro *et al.*, 2010). Therefore, we draw on COR theory to frame our investigation of how relational context affects the formation of commitment to change. Relationships between employees and supervisors can facilitate change implementation, depending on whether employees perceive these relationships as helpful for coping with the uncertainty and complexity that accompanies change (Parish *et al.*, 2008). A commonly examined characteristic of employee-supervisor dyads is the overall quality of the relationship (Basu and Green, 1997; Parish *et al.*, 2008), yet such quality may obscure distinct underlying dimensions that are relevant to the formation of commitment to change, including psychological contract and ostracism. This distinction between psychological contract and ostracism has not appeared previously in applications of COR theory (Hobfoll, 2011).

Commitment to change, the dependent variable of this study, can be defined as "a force (mind-set) that binds an individual to a course of action deemed necessary for the successful implementation of a change initiative" (Herscovitch and Meyer, 2002, p. 186). Although Herscovitch and Meyer (2002) identified three types of commitments to change (affective, normative and continuance), this study focused only on affective commitment to change because research revealed that this very commitment to change is associated with higher levels of behavioral support such as cooperation, exerting extra effort and championing (Herscovitch and Meyer, 2002).

In the context of organizational change, value congruence refers to the fit or similarity in terms of personal values between a leader and his/her members (Zhang *et al.*, 2012). Several meta-analyses indicate significantly strong relationships between employees' value congruence perceptions and their affective commitment (Cable and Judge, 1996; Caldwell *et al.*, 2004), which suggests the likely presence of moderators (Baek-Kyoo and Taejo, 2009). Psychological contract breach, the failure of an organization to fulfill employee perceived promises and obligations, capture the presence of intensive informal interactions between employees and supervisors that go beyond established formal contracts (Suazo, 2009). Even though strong psychological contract breach can aggravate employee concerns about dysfunctional processes in stressful work situations, such as radical change (Bordia *et al.*, 2008), it is sparsely discussed in change literature.

We also consider the extent to which employee-supervisor relationships are characterized by workplace ostracism (Arshadi *et al.*, 2012). Workplace ostracism warrants additional inquiry, because disagreements, clashes and exclusions, which

stem from interpersonal issues, can deplete employees' energy, prevent them from coping effectively with change and undermine effective change implementation (Jehn, 1995). Drawing from COR theory, we propose that workplace ostracism moderates the relationship between values congruence and commitment to change. We, thus, respond to calls to open the "black box" that connects employees' ostracism perceptions with their commitment to change (Hitlan *et al.*, 2006; Zhao *et al.*, 2013).

In addition, as a response to calls for research into the potential factors of successful change implementation (Oreg *et al.*, 2011), we propose moderating roles of psychological contract breach and workplace ostracism as factors that moderate the positive relationship between value congruence and employees' affective commitment to change in such a way that the relationship is weaker when both psychological contract breach and workplace ostracism are high than when they are low. Specifically, we theorize that high-psychological contract breach and workplace ostracism play dysfunctional roles, depending on whether the employee-supervisor relationship is marked by high or low values congruence. Together, these arguments imply a moderated model, which offers a more refined framework for understanding employees' reactions to change (Oreg *et al.*, 2011). Figure 1 summarizes the theoretical model that guided this study.

1. Literature review and hypotheses

1.1 Value congruence and commitment to change

Value congruence refers to the fit or similarity in terms of personal values between a leader and his/her followers. As the leader and his/her followers work around a common vision, they are likely to develop a core set of values that are more similar. Such experience increases interpersonal trust, personal attachment and, ultimately, motivation among followers (Dirks and Ferrin, 2002).

Value congruence is an important and common component in a trusting relationship (Elving, 2005). Trust is an important factor for garnering employee support for change. Albrecht and Travaglione (2003) define trust as "employee's willingness to act on the basis of the words, actions, and decisions of management under conditions of uncertainty or risk" (p. 78). This definition implies that employees will only accept decisions and be willing to take risks if mutual trust exists between the decision makers and those concerned with the implementation of these decisions. Even during uncertain situations, employees are likely to support management

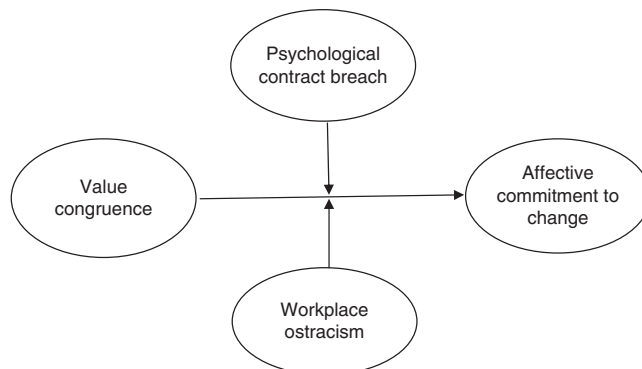


Figure 1.
Hypothesized model

initiatives if the element of trust exists between management and employees (Elving, 2005; Rousseau and Tijoriwala, 1999).

Trust in management, therefore, provides some level of control to an uncertain employee as they rely upon management for their security and well-being. It may, hence, be argued that trust is likely to have a positive relationship on affective commitment to change as employees, who trust their management, will have the confidence that decision makers are mindful of employee well-being while undertaking any change-related initiatives (Bruhn *et al.*, 2001). Trust reduces resistance and enhances commitment to change which paves the way for the success of a change program (Albrecht and Travaglione, 2003).

Rousseau and Tijoriwala (1999) found trust to be an important factor responsible for affecting attitudes towards change by studying its effects as a moderator. Dirks and Ferrin (2001) also proposed that trust moderates the effect of work attitudes and behaviors on outcomes by assessing the future behavior or past actions of a trusted party, thereby reducing uncertainty. In the face of uncertainty, caused by job insecurity and role stressors, the employee's willingness to comply with seemingly risky expectations may depend upon the level of trust between management and employees. Stanley *et al.* (2005) recently found a relationship between trust in management and employee resistance to change. It can, therefore, be expected that trust would mitigate the negative effects of stressors of change and positively relate to affective commitment to change.

Finally, according to the social exchange theory, the relationship between the organization and followers consists of followers' perceptions of organization obligations on the one hand (i.e. what they believe the organization has promised) such as advancement opportunities, training and job security; and their perceived obligations towards the organization on the other hand (i.e. what they believe they owe the organization in return) such as loyalty, hard work and commitment (Robinson *et al.*, 1994). Specifically, when followers feel high levels of trust in top management, they are more willing to cooperate within and have greater attachment to this exchange relationship (Whitener *et al.*, 1998), leading to higher levels of affective commitment to change. Thus, we hypothesize the following:

H1. Value congruence is positively related to followers' affective commitment to change.

1.2 The moderating roles of psychological contract breach and workplace ostracism

Psychological contract has been defined by Rousseau (1989) as the employees' belief about the terms of the reciprocal exchange agreement that exists between themselves and their organizations. Generally, psychological contracts are determined by direct communications and observations. Thus, employees will typically interpret the various actions of the organization and infer their psychological contract with the organization on the basis of these actions.

Similar to perceived organizational support, fulfillment of the psychological contract creates "relational obligations" (Rousseau, 1989) that often lead to a long-term relationship between employees and employers. Employees whose psychological contract expectations are met by the organization are more likely to be relationally oriented to the organization and are, thus, more likely to be affectively committed to organizational goals and values. Such employees are more likely to behave as organizational citizens (e.g. going the extra-mile, pursuing corporate interests and

activities, behaving cooperatively and generally contributing to organizational effectiveness) (Rousseau, 1995). On the contrary, when an employee perceives psychological contract breach (i.e. an employer's failure to fulfill his or her promised obligations), the employee may perceive these apparent broken promises as wrongdoings of his or her employer. Whenever an employer makes promises to an employee in exchange for the employee's contributions in an employment relationship, the employer's act of breaking a promise (i.e. psychological contract breach) limits or negates the possibility that the employee's desired outcomes and benefits will be achieved. As a consequence, the perceived broken promises may lead the employee to feel unfair, dissatisfied or unbalanced with the employment relationship and to experience cognitive dissonance (Ho *et al.*, 2004). To restore equity and to reduce this cognitive dissonance in the relationship, the employee is likely to reduce his or her positive behaviors (e.g. organizational citizenship behavior), even displaying negative behaviors (e.g. employee deviance) as a form of revenge (or exchange) to achieve cognitive balance between him or her and the employer (Uhl-Bien and Maslyn, 2003).

As previous research shows, one of the most important determinants of affective commitment to change is the extent to which employees trust their leaders, identify with the goals and values of the organization and stay because they want to stay (Elving, 2005; Rousseau and Tijoriwala, 1999). Thus, if organizations can meet the expectations inherent to the psychological contract, they are more likely to encourage employees' affective commitment to change. In other words, fulfillment of the psychological contract places employees under a social obligation to repay it in some way. They, therefore, reciprocate through enhanced affective commitment to change. On the other hand, once a psychological contract breach occurs, employees would react by giving negative responses (Morrison and Robinson, 1997) because they suppose that psychological contract breach will undermine assumptions and perceptions of fair employer-employee long-term relationships. Moreover, doubts concerning the consistency and predictability of the organization's future actions and behaviors may emerge. Employees' responses may include feelings of betrayal, anger and resentment (Rousseau, 1989) as well as attitudinal and behavioral reactions such as reductions in commitment to change and productivity (Zhao *et al.*, 2007). Therefore, it is expected that psychological contract breach will lower affective commitment to change and neutralize the positive outcomes of value congruence between a superior and a subordinate. Accordingly, we propose that:

- H2.* Psychological contract breach moderates the positive relationship between value congruence and employees' affective commitment to change in such a way that the relationship is weaker when psychological contract breach is high than when it is low.

As a kind of "social pain" (Eisenberger *et al.*, 2003), previous studies have demonstrated that ostracism threatens performance (O'Reilly and Robinson, 2009) and influences an individual's mental and physical health (Zhao *et al.*, 2013). The workplace is one of the most important social contexts where ostracism occurs (Fox and Stallworth, 2005). Research has also suggested that prevailed ostracism behavior can have a negative impact on employees and organization (Ferris *et al.*, 2008; O'Reilly and Robinson, 2009; Wu *et al.*, 2012). By definition, workplace ostracism refers to the degree to which an employee perceives that he or she is ignored or excluded by others in workplace (Ferris *et al.*, 2008; Williams, 2001; Zhao *et al.*, 2013). It includes actions such as refusing to interact with or avoiding eye contact with the ostracized individual. In colloquial terms,

ostracism is referred to with expressions such as “giving the cold shoulder,” “the silent treatment” or “freezing out.” Ostracism, in one of its many forms, is more widespread than is commonly realized (Williams, 2001). The experience of workplace exclusion is associated with diminished psychological well-being; performance and satisfaction with colleagues (e.g. Hitlan *et al.*, 2006; Williams, 2001); as well as undesirable behaviors such as acting rudely, mocking or arguing with others and withholding assistance (Thau *et al.*, 2007).

As an interpersonal stressor, workplace ostracism threatens the social resources of the target, which are assets that can be drawn upon when needed, to solve a problem or cope with a challenging event (Greenhaus and Powell, 2006). Based on the COR theory, people strive to retain, protect and establish resources, given that such resources are limited (Hobfoll, 1989). They, thus, find it threatening when they see a potential or substantial loss of these valuable resources. Indeed, resource loss events are responsible for most cases of depression (Hobfoll, 1989). Workplace ostracism presents significant challenges that can decrease the resources that individuals can hold. This is because, on the one hand, individuals need to mobilize resources to counter ostracism, and on the other hand, they are less likely to refill their resources from other people, leading to a situation in which resources are drained away. As resources can support individuals in handling their daily work, people who run out of resources are likely to become stressed and exhausted (Hobfoll, 1989; Wu *et al.*, 2012). On the other hand, stress is an important influence on organizational commitment and job satisfaction, in which job stress is negatively related to organizational commitment (Mikkelsen *et al.*, 2000). Additionally, stress-related problems among workers contribute to dysfunctional organizational consequences such as decreased commitment to change, increased absenteeism and high turnover (Mikkelsen *et al.*, 2000). Therefore, it is expected that workplace ostracism is likely to decrease employees’ affective commitment to change and neutralize the positive effects of value congruence between leaders and employees on affective commitment to change. As a result of workplace ostracism, employees with high stress levels are likely to have limited desire to provide support for the change (Herscovitch and Meyer, 2002):

H3. Workplace ostracism moderates the positive relationship between value congruence and employees’ affective commitment to change in such a way that the relationship is weaker when workplace ostracism is high than when it is low.

2. Methods

2.1 Participants

This study was conducted in 13 university hospitals located in all seven geographical regions of Turkey. The sample was randomly selected from the list of 65 university hospitals in the country (Ministry of Health of Turkey, 2012). Eight of them were state university hospitals whereas the remaining five were private university hospitals. They had recently undergone major organizational changes resulting from governmental directives and implemented a new performance appraisal system.

We chose the healthcare industry because, beginning in 2002, the healthcare system in Turkey underwent restructuring exercises to make it more innovative and cost efficient. Since effective leadership is viewed as a key factor in attracting, motivating and maintaining employees in organizations undergoing change and transformation, we expected that the conditions in this industry provided an ideal test of the relationship between value congruence and affective commitment to change.

The study was completed between December 2014 and January 2015. A research team consisting of seven doctoral students visited 13 university hospitals. In their first visit, after receiving the approvals from the head doctors of the hospitals, they gave information about the aim of this study to the certified nurses in their units. Certified nurses were told that the study was designed to collect information on the value congruence and the commitment to change levels in the healthcare workforce. They were given confidentially assurances and told that participation was voluntary. Nurses wishing to participate in this study were requested to send their names and departments by e-mail to the research team members.

In the second visit (three weeks later), all respondents were invited to a meeting room in their departments in which questionnaires were filled and immediately collected. A total of 1,300 certified nurses participated in this study. Incomplete questionnaires reduced the sample size to 1,113 subjects resulting in a response rate of 86 percent.

Participants comprising the final sample worked in one of the following four departments: cardiology (32 percent), neurology (33 percent), accident and emergency (19 percent) and radiotherapy (16 percent). The average age of nurses was 26.9 years while the average organizational tenure was 5.93 years. Moreover, among the 1,113 nurses, 79.13 percent were female. Lastly, 91 percent of the sample held bachelor's degrees whereas the remaining had graduate degrees.

2.2 Measures

Value congruence. It was measured using a three-item scale developed by Posner (1992) who developed this measure to assess person-supervisor value congruence. Sample item includes, "I really support the intent of the core value of my leader." All items were measured on a five-point scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). The Cronbach's α for this measurement was 0.91.

Affective commitment to change. It was measured with six items using Herscovitch and Meyer's (2002) scale (e.g. "I believe in the value of these changes"). Cronbach's α for this scale turned out to be 0.89.

Psychological contract breach. It was assessed with the five-item scale developed by Robinson and Morrison (2000). The measure was developed to assess the global perception of psychological contract breach. A Likert-type scale, anchored by (1) strongly disagree and (7) strongly agree, was used to indicate agreement with each item. A sample item is "I feel that my employer has come through in fulfilling the promises made to me when I was hired." A Cronbach's α of 0.89 was obtained for this measure.

Workplace ostracism. We used a ten-item scale developed by Ferris *et al.* (2008) to measure workplace ostracism. Response options ranged from 1, "strongly disagree," to 5, "strongly agree." A sample item is: "Others ignore me at work." Cronbach's α turned out to be 0.93.

Control variables. We controlled for age and organizational tenure in regression analyses as previous research had found them to correlate with affective commitment to change (Herscovitch and Meyer, 2002).

3. Results

A CFA analysis on the four constructs of value congruence, commitment to change, psychological contract breach and workplace ostracism were performed to measure the internal consistency reliability, convergent validity and discriminant validity of the constructs in the proposed model. The results revealed that the composite

reliability (CR) of each construct ranged from 0.81 to 0.92, exceeding the 0.60 CR threshold value, and giving evidence of internal consistency reliability (Bagozzi and Yi, 1989). In addition, the factor loadings of the individual items in the four-factor model were all significant (all $p < 0.001$), indicating preliminary evidence for the convergent validity of the measurement model. Meanwhile, the average variance extracted (AVE) of all constructs ranged from 0.60 to 0.76, exceeding the 0.50 AVE threshold value (Bagozzi and Yi, 1989). Thus, the convergent validity was acceptable. Moreover, the estimated intercorrelations among all constructs were less than the square roots of the AVE in each construct. This provides preliminary support for discriminant validity (Hair *et al.*, 2006).

Table I shows the means, standard deviations and correlations for the study variables. *H1* was tested with hierarchical regression analysis (Table II). Control variables were entered in step 1 while value congruence was entered in step 2. As can be seen in the related section of the table (showing the values yielded by step 2), value congruence was significantly, positively related to employee's affective commitment to change ($\beta = 0.30, p < 0.001$), a finding that supports *H1*.

H2 and *H3* in the study were tested by using moderated hierarchical regression, according to the procedure delineated in Cohen and Cohen (1983). The significance of interaction effects was assessed after controlling all main effects. In the models, age and job tenure were entered first as control variables followed by congruence as the predictor variable. Moderator variables (i.e. psychological contract breach and workplace ostracism) were entered in the third step. Lastly, interaction terms were entered in the fourth step. In order to avoid multicollinearity problems, the predictor

Variables	Mean	SD	1	2	3	4	5
1. Age	26.93	1.10					
2. Job tenure	4.66	1.06	0.27**				
3. Value congruence	3.26	0.66	0.13*	0.12*			
4. Psychological contract breach	3.19	0.83	0.06	0.05	-0.36***		
5. Workplace ostracism	3.29	0.91	0.09	0.07	-0.30***	0.35***	
6. A. commitment to change	3.09	0.99	-0.07	-0.03	0.32***	-0.31***	-0.27**

Notes: ^a $n = 1,113$. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Table I.
Means, standard
deviations and
correlations among
variables^a

Steps and predictor variables	Models	
	1	2
<i>Step 1</i>		
Age	-0.06	-0.04
Job tenure	-0.03	-0.01
<i>Step 2</i>		
Value congruence		0.30***
<i>F</i> (df)	0.86	2.93**
<i>R</i> ²	0.06	0.29
Adjusted <i>R</i> ²	0.05	0.27

Notes: ^a $n = 1,113$. ** $p < 0.01$; *** $p < 0.001$

Table II.
Results of
hierarchical
regression analysis
for affective
commitment to
change^a

and moderator variables were centered and the standardized scores were used in the regression analysis (Aiken and West, 1991).

As can be seen in step 4 results from Table III, the interaction effect for value congruence and psychological contract breach was significant for affective commitment to change, supporting *H2* ($\beta = -0.22, p < 0.01$).

H3, which states that workplace ostracism moderates the relationship between value congruence and affective commitment to change, received strong support (see Table III). The interaction effect for value congruence and workplace ostracism was significant for commitment to change ($\beta = -0.20, p < 0.01$).

Figures 2 and 3 graphically show the interactional value congruence – affective commitment to change relationship as moderated by psychological contract breach and workplace ostracism, for which high and low levels are depicted as one standard deviation above and below the mean, respectively.

As predicted, when employees perceived high levels of psychological contract breach and workplace ostracism, the relationship between value congruence and affective commitment to change was weaker. As presented in Figures 2 and 3, the positive relationship between value congruence and commitment to change was less pronounced when an employee's perceptions of psychological contract breach and workplace ostracism were high.

4. Discussion

The results of this study revealed that both psychological contract breach and workplace ostracism moderated the positive relationship between value congruence and commitment to change. These findings are consistent with previous researches suggesting that psychological contract breach (Elving, 2005; Zhao *et al.*, 2007) and workplace ostracism (Mikkelsen *et al.*, 2000; Herscovitch and Meyer, 2002) have moderating effects. In this study, employee's perception of psychological contract

Table III. Results of hierarchical moderated regression analysis for psychological contract breach and workplace ostracism on affective commitment to change^a

Steps and predictor variables	Models			
	1	Affective commitment to change		4
	β			
<i>Step 1</i>				
Age	-0.06	-0.04	-0.03	-0.01
Job tenure	-0.03	-0.01	-0.01	-0.01
<i>Step 2</i>				
Value congruence (VC)		0.30***	0.28**	0.26**
<i>Step 3</i>				
Psychological contract breach (PCB)			-0.30***	-0.28**
Workplace ostracism (WO)			-0.25**	-0.23**
<i>Step 4</i>				
VC × PCB				-0.22**
VC × WO				-0.20**
R^2	0.06	0.29	0.32	0.33
Change in R^2		0.23	0.03	0.01
F	0.86	2.93**	3.29***	4.63***

Notes: ^a $n = 1,113$. ** $p < 0.01$; *** $p < 0.001$

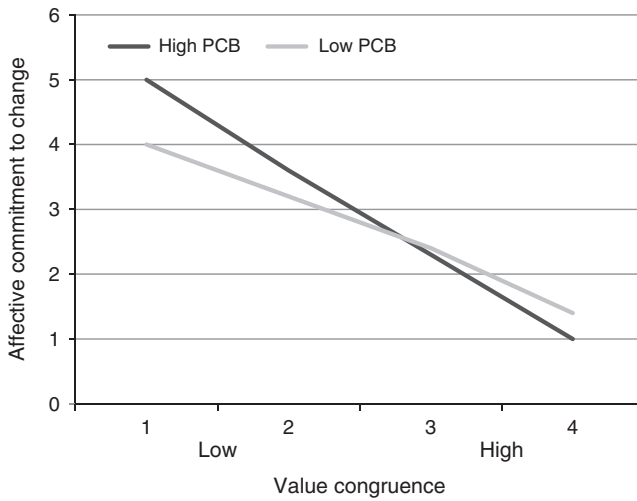


Figure 2. Interactive effects of value congruence and psychological contract breach (PCB) on affective commitment to change

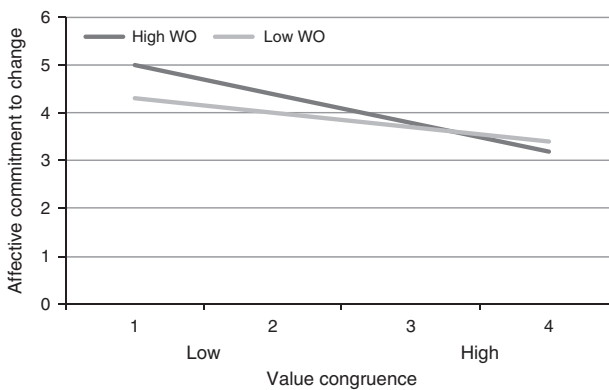


Figure 3. Interactive effects of value congruence and workplace ostracism (WO) on affective commitment to change

breach was negatively and significantly associated with employee's affective commitment to change. A psychological contract represents the beliefs, perceptions and informal obligations between an employer and employee (Rousseau, 1990). Psychological contracts are often formed during recruitment and initial interview and may later be remembered as promises and, thus, give rise to expectations. Employees who perceive psychological contract breach are likely to become demotivated and resentful (Rousseau, 2001). Responses to a breach can include reduced loyalty, commitment and organizational citizenship behaviors (Rousseau, 2001; Zhao *et al.*, 2007). Therefore, employees' high-psychological contract breach perception is likely to reduce the positive affect of value congruence between their leader and themselves on subordinates' attitudes such as change commitment (Conway *et al.*, 2014).

Similarly, an employee's perception of workplace ostracism may decrease his/her change commitment in an organization. Workplace ostracism may decrease the opportunity for social interaction, which is essential in influencing employees' psychological health, behavior and even performance (Ferris *et al.*, 2008; Wu *et al.*, 2012).

This is particularly true for the healthcare institutions, which depend on quality interaction with customers, because workplace ostracism threatens employee engagement, thereby leading to lower service performance (Leung *et al.*, 2011). Ostracized employees may display deteriorated psychological well-beings (Ferris *et al.*, 2008; Wu *et al.*, 2012), unfavorable job attitudes (Ferris *et al.*, 2008; Richman and Leary, 2009), job withdrawals (Ferris *et al.*, 2008), decreased job performance contributions (Hitlan *et al.*, 2006; O'Reilly and Robinson, 2009), and even workplace deviance (Ferris *et al.*, 2008). Drawing from social exchange perspectives, which represent the dominant paradigm for understanding determinants of change commitment (Zellars and Tepper, 2003), one would predict that ostracized individuals should be less likely to engage in change commitment following ostracism. In particular, following norms of reciprocity (Gouldner, 1960), when an individual is treated poorly, he or she should be motivated to return such behavior in kind. Furthermore, ostracized employees perceive the organizational members to be acting in its own best interest, rather than in the employees' best interest. This perception will deem the organizational members as less trustworthy due to its lack of benevolence (Chiaburu *et al.*, 2013). Perceptions of a lack of trustworthiness can subsequently lead employees to develop suspicious and cynical attitudes toward the organization and lower employees' change commitment.

4.1 Managerial implications

This study has important implications for healthcare management. The results highlight the importance of developing value congruence as it is positively related to affective commitment to change. Employees, whose values are congruent with those of their managers, will choose to remain in the organization. Membership in such value-congruent organizations will lead to the fulfillment of needs, thereby enhancing the development of a favorable attitude toward the organization such as job satisfaction, organizational citizenship behaviors and commitment to change (Arthur *et al.*, 2006).

On the other hand, the negative relationship between the moderating variables in this study (psychological contract breach and workplace ostracism) and employees' affective commitment to change reinforces previous findings (Hitlan *et al.*, 2006; Zhao *et al.*, 2007). The results of this study indicated that the state of the psychological contract was a significant predictor of employees' commitment to change. Conway and Briner (2009) emphasize the fact that organizations shape employees' psychological contract in three ways: through their human agents, such as managers, communicating messages to the employees; through policies and practices (especially human resources practices); and through employment contracts. Therefore, organizations play an important role in shaping employees' perception of the state of their psychological contracts (Conway and Briner, 2009). According to Handley *et al.* (2006), managers can improve trust by providing recognition, by being sensitive to subordinates' needs and concerns and by creating effective communication channels. Special attention should be paid to the way managers communicate messages as well as to the content of these messages. Tyagi and Agrawal (2010) recommend that organizational practices and policies, especially human resource practices, should be carefully designed and implemented with the aim of preventing psychological contract breach, an important source of employee dissatisfaction, distrust and low commitment to change. Similarly, workplace ostracism was negatively related to employees' commitment to change. A preventive work environment would take corrective measures before ostracized

employees become demotivated and/or disengaged from work. Individuals who perceive ostracism are more likely to interpret other events in a threatening manner and this can escalate into a self-perpetuating cycle (Zadro *et al.*, 2006). In this context, a proactive response system for detecting ostracism can reduce its likelihood and continuation. When workplace ostracism has been observed, managers should determine who ostracizes and why. Moreover, the targets and their immediate supervisors can work together to replenish the affected individuals' organizational resources (e.g. professional development training) to help improve their inclusionary status or cope with ostracism. These organizational attributes can increase cooperation among individuals and their contributions to their work unit.

Because communication is a significant determinant of commitment to change (Bouckenooghe *et al.*, 2014), it suggests that management should communicate to allay the fears and uncertainty related to major organizational changes while immediate supervisors can help reduce the ambiguities regarding structural and job related changes (Bordia *et al.*, 2004). When changes are initiated, there is a need for new channels of formal and informal communication especially if those very changes involve structural or staffing related issues (Swanson and Power, 2001). The role of immediate supervisors is extremely important during change implementation as they can provide the relevant information which can influence employee attitudes towards change and improved change self-efficacy (Larkin and Larkin, 1996). Employees, who believe that their leaders are enthusiastic about change implementation, develop more positive attitudes towards change (Martin *et al.*, 2005).

Even though dealing with change-related stress is important for the successful implementation of change programs, it requires carefully developed strategies both at the individual as well as organizational levels. Moreover, managers shall strive to identify those factors that lead to stress during organizational change. Providing employees an opportunity to solve their own problems during change and empowering them to take action regarding the removal of ambiguities and stress is likely to lead to more effective change implementation (Callan, 1993). Role ambiguity and other related stressors can be reduced by establishing and communicating clear goals and expectations regarding a change and by providing the necessary tools and training to employees in order to function effectively (Gilboa *et al.*, 2008). Organizations must ensure training and counseling of employees so as to prepare them to deal with and manage stressful situations. Training increases the self-efficacy of employees in dealing with uncertain situations which lead to resistance and withdrawal of support for change (Michela and Burke, 2000). This will enable employees to objectively view the need for change, thereby allowing them to make positive contribution towards the initiative (Mchugh and Brennan, 1994).

The rapidly changing business environment requiring employees to be adaptable calls for more innovation in the human resource management practices of organizations, especially where hiring is concerned (Callan, 1993). In order to ensure an adaptable workforce, the healthcare sector can also ensure the recruitment of individuals who can be trained and prepared to accept change as a challenge and cope effectively with the requirement to remain adaptable. Ivancevich *et al.* (1990) call for the training of a "cross-cultural" type of manager who is adaptable to the challenges of change and shows interest and involvement in the process. Innovative human resource strategies can help in recruiting adaptable career-oriented professionals in organizations who will prove more productive and efficient in meeting the adaptability demands posed by organizational changes (Callan, 1993).

4.2 Potential limitations and conclusion

The study has several limitations that could be the focus of future research topics. First, demographic factors might have affected the results. To illustrate, most of the participants were relatively young (under 27 years old age) with job tenure under five years. Moreover, most of the observations in the sample chosen came from females genderwise, which would strongly open a debate of whether similar results would be obtained if gender composition was different. Second, this study is cross-sectional thus limiting one's interpretation of causal mechanisms. Employing a longitudinal design would have provided us with an opportunity to examine not only value congruence effect on commitment to change but also whether employees' change commitment impacts improved perceptions of their value congruence.

Despite these potential limitations, this study contributes to the research on value congruence and commitment to change by showing that perceived psychological contract breach and workplace ostracism are relevant contextual variables in determining the importance of employee-organization fit to employee commitment to change relationships. The results in the study support the argument that commitment to change is socially constructed and, therefore, studies of employees' commitment to change in relation to antecedents should recognize the interpersonal context. It is expected that the results of this study would inspire future researchers to consider other interpersonal variables in models of person-organization fit and commitment to change such as social support (Leiter and Maslach, 1988), trust (Mayer *et al.*, 2009), self-disclosure (Sorensen, 1989), etc.

In conclusion, healthcare organizations must differentiate their services and products through the development and implementation of programs and processes of quality improvement in order to increase performance and gain competitive advantages. The delivery of high-quality services and experiences is a critical success factor to healthcare organizations. Employees' commitment to change, satisfaction, service quality, customer satisfaction and high-quality healthcare experiences are relevant constructs, all of them related to the understanding of the role leaders are to perform in competitive organizations. At the heart of these endeavors is a strong belief that currently employee change commitment and satisfaction influence tomorrow's customer well-being, satisfaction and commitment and, ultimately, the organization's profit and growth.

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